tendency to constipate makes it often a doubtful remedy. Arsenic, in the nervous asthenic heart, comes next to strychnine. Its action cannot be explained by its removing anæmia, for it proves to be valuable where the blood-count shows this not to exist. I have the record of one case in which the patient, who also suffered from hay asthma, began its use for the cure of this, and, finding the arsenic very strengthening to his heart, continued it of his own accord for four months, in doses of one-hundredth of a grain of arsenite of sodium three times daily, with the greatest benefit to his general health and a permanent removal of the heart symptoms.

Of so-called heart tonics digitalis is the best, but it is not the certain remedy we might suppose. It is on the whole best adapted to the cases with muscle weakness. Where we give it in large doses the patient should be kept in bed. In a number of instances it does not suit at all. Strophanthus is generally said to be inferior to digitalis. I have used most of the other remedies of this class in different cases. Adonidin and chloride of barium have done me at times good service; cactus and convallaria have been disappointing. The latter I have ceased to use. Caffeine and cocaine are both valuable, but their action cannot be kept up; from cocaine we would run the risk of establishing the cocaine habit. It is, however, very serviceable during urgent symptoms of failing heart. Nitroglycerin is not of much avail, except there be cardiac pain, or in combination with remedies like digitalis, which act more distinctly on the force of the heart. Bromides, valerian, and opium ought to be left to meet special indications of nervous disturbance.

A CASE OF NON-HEREDITARY FRIEDREICH'S DISEASE.

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Isolated cases of Friedreich's disease have been sufficiently rarely recorded to justify the publication of the following example, which I had recently the honor of showing at a meeting of the Neurological Society of London. It is possible that the prevalence of the idea that the disease necessarily affects several members of the same family may have something to do with preventing its due recognition, when only one out of a family suffers. It is, therefore, important to emphasize with an example such as this the fact that the disease does occur in an isolated form. That it does do so is a good illustration of the wisdom of giving a disease a name which implies nothing as to its special characteristics;

for to this kind of case the alternative title of hereditary ataxia for Friedreich's disease is quite inappropriate, unless it is taken to imply future possibilities.

Rose H., aged thirteen years, was admitted under my care to St. Thomas' Hospital on November 1, 1893, on account of difficulty in walking. She had been, in the first place, sent from the country to see my colleague Mr. Battle, on account of lateral curvature of the spine; and he, recognizing the ataxy, the absence of knee-jerks, etc., asked me to take her under my care.

The history of her illness was as follows: When seven years of age she had measles, and from that date she became weak on her legs. After a time she was observed to limp and fall about and she complained of giddiness on standing and walking. She was said to have been always fairly intelligent, but she was not very successful in writing or doing needlework, owing to jerky movements of her hands. Her doctor in the country, who had been consulted about her shortly before she was brought to the hospital, recognized that she had curvature of the spine; but I did not learn whether his attention had been attracted by the nervous symptoms.

The family history was very good and showed an entire freedom from any tendency to nervous disorder. The grandmother was living and well, aged eighty years. Both parents and two brothers and five sisters were alive and in good health. Four of the sisters were older—aged respectively twenty-three, two (twins) seventeen, and sixteen—while one was younger, aged five. The two brothers were eleven and fourteen respectively.

The child herself was well nourished and healthy-looking. She was intelligent, placid and good-tempered, and became a great favorite with the other patients and the nurses.

Her gait was very distinctly unsteady, clumsy and jerky. She walked on the front part of her feet, with her head and the upper part of the body forward, and as she went along swayed from one side to the other, something after the fashion of a sailor's roll. She had a tendency, as she walked, to deviate from the straight line to one side, commonly to the right, but sometimes to the left. The swaying and unsteadiness became specially marked when she turned round to retrace her steps. When she tried to stand with her feet together and eyes shut, she tottered and would have fallen unless supported. The child said that when standing or walking she felt as if her head was turning round.

There were occasional jerky movements of the head and arms. She was not very successful in her attempts at touching her nose with the forefinger with her eyes shut, or in bringing her two fingers accurately together. The knee-jerks were quite absent.

The pupils were equal, of medium size, and reacted well both to light and accommodation. There was no oculo-motor paralysis. The ophthalmoscopic appearances were normal. Nystagmus was at first thought to be absent, but was subsequently observed to be distinctly present in a slight degree when the patient looked outward to either side.

The muscular development was good, and there was no perceptible weakness in any of the movements of the limbs. There was no affection of speech, and none of sensation, and there were no pains and no crises. There was decided lateral curvature of the spine, the upper curve having its convexity toward the right and involving the upper dorsal vertebræ, while the lower curve had its convexity toward the left and involved the lower dorsal and upper lumbar vertebræ. The various organs were healthy.

With regard to diagnosis, one had to consider locomotor ataxy and cerebellar tumor in addition to Friedreich's disease. Cerebellar tumor could be excluded by the duration and progress of the disease and the absence of such characteristic symptoms as headache, vomiting, and optic neuritis. In differentiating between locomotor ataxy and Friedreich's disease the following points were of importance.

1. The age was the usual one for the latter and would have been very uncommon for the former.

2. The onset after measles has been previously noticed in cases of Friedreich's disease, especially by Dr. Ormerod. No such relation is known to exist in regard to locomotor ataxy.

3. Syphilis is considered by Dr. Gowers as one of the commonest causes, if not almost the only cause of locomotor ataxy. In this case there was no history and no sign of syphilis.

4. The presence of jerky movements of the arms and head, and the swaying unsteady gait were peculiarly characteristic of Friedreich's disease.

5. Nystagmus was valuable as being a fairly constant symptom of Friedreich's disease, while absent in tabes.

6. The absence of lightning pains, anæsthesia, crises, Argyll-Robertson pupil, and optic atrophy, although the duration had been six years, pointed away from tabes.

7. Although the speech was unaffected, this was not of great moment, as the affection of speech in Friedreich's disease is often a late phenomenon and may remain altogether absent.

8. The complication of lateral curvature has been previously observed in cases of Friedreich's disease, but not, as far as I am aware, in locomotor ataxy.

Such were my reasons for my diagnosis. Had the disease occurred in other members of the family it would not have been necessary to state them so fully. I may add, my opinion was confirmed at the meeting of the Neurological Society by Drs. Ferrier, Beevor, Ormerod, and others.

I have not attempted any treatment with drugs, but a very marked improvement was observed after a few weeks' stay in the hospital, probably the effect of good food and a greater amount of repose. The essential features remained, but the incoördination and the jerkiness were notably diminished. Had I given any particular drug, I might have been, perhaps, induced to believe that the improvement resulted from the drug. Such improvement I have frequently observed in hospital in nervous disorders of organic origin. It is on that account that I strongly deprecate the premature publication of the supposed beneficial effects of new modes of treatment in such cases, of which so much has been heard of late. So far as is at present known, the course of Friedreich's disease is uninfluenced by the administration of any drug.

ON THE MORTALITY AFTER OPERATIONS FOR STRANGULATED HERNIA; THE TREATMENT OF GANGRENOUS INTESTINE, AND THE RADICAL CURE OF HERNIA.

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It may be remembered that in April and May last (1893), under the headings of "Treatment of Gangrenous Hernia" and "Mortality After Operation for Strangulated Hernia," first reports of what was said at a meeting of the Medical and Chirurgical Society of London appeared in the *Lancet* for April 8th, and then a letter followed in the same journal for May 20th. I give the particular references: "Resection of Intestine and Immediate Suture in Cases of Gangrenous Hernia," by Mr. Kendal Franks, *Lancet*, 1893, vol. i. p. 794, and "The Mortality After Operation for Strangulated Hernia," by Mr. Bowlby, *Lancet*, 1893, vol. i. p. 1221.

In the discussion on Mr. Kendal Franks' paper, Mr. Bowlby's remarks included statements on the rate of "mortality after operations for strangulated hernia." This statement was commented on in a leading article in the *Lancet* for May 6th, in the following terms: "Mr. Bowlby stated that, taking all the operations for strangulated hernia performed in St. Bartholomew's Hospital during the last ten years, they showed a mortality of 40 per cent. It would be interesting to know to what this very high death-rate is to be ascribed."

Mr. Bowlby's letter of reply to that part of the leader appeared on May 20th, p. 1221 of the *Lancet*.

After reading the reports of the discussion and the letter, I think the following conclusions will be found correct:

First, that the mortality after operations for strangulated hernia, according to Mr. Berry, as quoted by Mr. Bowlby, was, up to 1884, 43 per cent. on 940 cases treated consecutively at St. Thomas', Guy's, and St. Bartholomew's Hospitals, London; secondly, that in 1891 Mr. Treves, as quoted by Mr. Bowlby, gave the mortality at the London Hospital at nearly 50 per cent.; and thirdly, that on further investigation Mr. Bowlby has found that the mortality at St. Bartholomew's for the last ten years was at the rate of 35.82 per cent.